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## \*BIBDATASHEET\*

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## APPLICANTS

Thomas W. Miller, Yorba Linda, CA;  
 Christopher W. Reed, Benicia, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

PATENT DOCKET ADMINISTRATION  
 RAYTHEON SYSTEMS COMPANY  
 P.O. BOX 902 (E4/N119)  
 EL SEGUNDO, CA 90245

## TITLE

SYSTEM AND METHOD FOR SUBBAND BEAMFORMING USING ADAPTIVE WEIGHT NORMALIZATION

FILING FEE RECEIVED 1184	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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